

## NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 2-5-07Paper No.: 19TO : Supervisor, Art Unit 1652SUBJECT : Certificate of Correction Request in Patent No.: 6,152,3581652

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
3. Applicant disagrees with change(s) initiated and dated by Examiner in lieu of an Examiner's Amendment. Should the change request be granted?
4. With respect to the change(s) requested, correcting Office and/or printing (O, Off, C, and/or P) errors, should the patent read as shown in the certificate of correction?
5. If the amendment filed \_\_\_\_\_ had been considered by the Examiner, would the amendment have been entered?

Boyd(Russell)Moses

Legal Instrument Examiner  
Tel. No. 306-3078

PLEASE RESPOND WITHIN 7 DAYS AND RETURN THE FILE TO

PALM LOCATION, 7580,

CERTIFICATES OF CORRECTION BR, PARK 3 -922,

Thank you

PLEASE CHECK THE BOX(ES) BELOW CORRESPONDING TO THE BOXES CHECKED FOR QUESTION(S)

ABOVE AND RETURN FILE TO: PALM LOCATION 7580, CERT. OF CORREC. BR., PK 3: 922

DATE:

The decision regarding the change(s) requested in the certificate of correction is shown below.

- |                                |                                        |                                         |
|--------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1.YES | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 2.YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 3.YES | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 4.YES | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 5.YES | <input type="checkbox"/> NO            | <input type="checkbox"/> Comments below |

 Comments \_\_\_\_\_\_\_\_\_\_  
Supervisor\_\_\_\_\_  
Art Unit